

**REQUEST FOR RELEASE FROM THE BUREAU OF TENNCARE**

*As required by T.C.A. §71-5-116(c)(2)*

**PLEASE ALLOW 10 WORK DAYS FOR RESPONSE**

**SUBMIT BY FAX OR U.S. MAIL. NO DUPLICATES PLEASE!**

TO: Manager of Estate Recovery Unit

☐ FAX (615) 532-7509

☐ Audit, Investigations & Program Integrity  
11<sup>th</sup> Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN 37247-0110

**Decedent's Information**

\_\_\_\_\_  
<Decedent's Full Legal Name>

\_\_\_\_\_  
<Social Security Number>

\_\_\_\_\_  
<Date of Birth, m/d/yr>

\_\_\_\_\_  
<Date of Death, m/d/yr>

**Decedent's Spouse Information**

\_\_\_\_\_  
<Decedent's Spouse's Full Legal Name>

\_\_\_\_\_  
<Social Security Number>

\_\_\_\_\_  
<Date of Birth, m/d/yr>

\_\_\_\_\_  
<Date of Death, m/d/yr>

**Surviving Minor Child(ren) or Disabled Dependent(s) Information**

\_\_\_\_\_  
<Full Legal Name>

\_\_\_\_\_  
<Social Security Number>

\_\_\_\_\_  
<Date of Birth>

\_\_\_\_\_  
<Full Legal Name>

\_\_\_\_\_  
<Social Security Number>

\_\_\_\_\_  
<Date of Birth>

\_\_\_\_\_  
<Full Legal Name>

\_\_\_\_\_  
<Social Security Number>

\_\_\_\_\_  
<Date of Birth>

\_\_\_\_\_  
**Probate Case Number**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Date Opened**

\_\_\_\_\_  
<Signature>

\_\_\_\_\_  
<Printed Name>

Relationship to decedent's estate:

- ☐ Personal Representative/Executor of Estate  
☐ Attorney for Estate

Address:

Telephone Number: (     ) \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_